

Public Health Practice Standards

~

Implementation

Toolkit



Clifton R. Lacy, M.D.
Commissioner



James E. McGreevey
Governor

Public Health Practice Standards of Performance for Local Boards of Health in New Jersey (N.J.A.C. 8:52)

In preparation for the revision and modernization of N.J.A.C 8:52, "Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey," in September 1997, the Commissioner of Health and Senior Services convened and charged a 31 member Public Health Task Force to critically examine New Jersey's local governmental public health system. The goals were two-fold:

- to build New Jersey's capacity to address the public health challenges of the 21st century, and
- to adapt to the changing public health care environment.

The Task Force reviewed the landmark document on public health, the 1988 IOM Report entitled "The Future of Public Health," and other national models, and after much study adopted the national "Ten Essential Public Health Services (EPHS)." The Task Force determined that New Jersey's public health system must have the capacity to assure The EPHS statewide. These EPHS are further delineated through the National Public Health Performance Standards' Local Public Health System, State Public Health System, and Governance Performance Assessment Instruments (available on the Centers for Disease Control and Prevention web site at www.phppo.cdc.gov/pphpsp). These important public health documents highlighted the critical need in New Jersey to build both state and local public health systems.

The hard work of numerous public health stakeholders and an inclusive, open and public process led to the development of a proposal and then final adoption of new rules, N.J.A.C. 8:52, "Public Health Practices Standards of Performance for Local Boards of Health in New Jersey", on February 18, 2003.

CHAPTER 52

PUBLIC HEALTH PRACTICE STANDARDS OF
PERFORMANCE FOR LOCAL BOARDS
OF HEALTH IN NEW JERSEY

Authority

N.J.S.A. 26:1A-15 and 26:3A2-1 et seq.

Source and Effective Date

R.2003 d.51, effective February 18, 2003.

Sec. 34 N.J.R. 24(a), 35 N.J.R. 106(a).

Chapter Expiration Date

Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, expires on February 18, 2008.

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Annual Local Health Evaluation Report LHER

NJAC 8:52, Public Health Practice Standards of Performance requires that each local health agency complete an annual Local Health Evaluation Report (LHER). The LHER is required to be submitted to the New Jersey Department of Health and Senior Services (NJDHSS) no later than February 15 of each year.

The purpose of the LHER is to serve as a guide to Practice Standards implementation and as an assessment tool for the local health agency's performance in the implementation of the Practice Standards. The LHER consists of several components, including:

- A. Local health agency implementation records
- B. Governmental Public Health Partnership records
- C. Community Public Health Partnership Records:
(submitted as joint reports of the partnership, beginning February 2005)

The core component of the LHER is the Implementation Questionnaire, supplemented by several additional reporting forms that are included in this section of the manual. In addition, other specific information is to be provided by the local health agency.

A complete list of the supplemental reporting forms and other required information that will make up each local health agency's LHER can be found at the end of the Implementation Questionnaire.

References to the supplemental attachments to be included within the agency's LHER, as well as other records and files to be kept on file in the local health agency's administrative office, can also be found throughout the Implementation Questionnaire as underlined text.

The word TOOLKIT, found throughout the Implementation Questionnaire, denotes that a NJDHSS form, template or additional information has been provided to aid in the completion of required reports and/or the implementation of specific Practice Standards activities.

Public Health Practice Standards

Annual Local Health Evaluation Report (LHER)



Local Health Department:

Name:	County:
Address:	

Health Officer:

Name:	
Phone:	E-Mail:
Fax:	

Health Officer's Designee (if any, to Governmental and Community Public Health Partnerships):

Name:	Title:
Phone:	E-Mail:

Certification:

The Health Officer hereby certifies the accuracy of the LHER, as the best of his/her knowledge, and that each local board of health within the local health agency's jurisdiction has received a copy of the completed LHER and its attachments and has been provided the opportunity to discuss the information contained within.

Signature of Health Officer

Date

Submit by February 15 to:
NJ Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
P.O. Box 360, Trenton, NJ 08625

Public Health Practice Standards Annual Local Health Evaluation Report (LHER) Implementation Questionnaire

N.J.A.C. 8:52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, requires each local health agency to complete an annual evaluation report on activities and infrastructure. The following questionnaire - to be completed using a management team approach/group process - combined with the listed attachments, make up the required components of the LHER. For each of the following questions, double click the shaded box(es) and choose the answer that most accurately reflects the item's current status. Percentages (where provided), refer to the level of completion or degree of activity for that item. Each question applies to activities conducted over the last calendar year, i.e., January - December, unless otherwise noted.

A. Administration

- _____ 1. The local health agency is under the direction of a full-time employed New Jersey licensed health officer.
- _____ 2. The health officer serves as the Chief Executive Officer of the local health agency and for all of its programs and staff as required by N.J.A.C. 8:52, Practice Standards and State law (N.J.S.A. 26: 1A)

B. Public Health Policy Boards (Boards of Health)

- _____ 1. The health officer has provided a current copy of N.J.A.C. 8:52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, to all board of health members and has met with the boards to ensure their understanding of the local health agency's and their roles and responsibilities for its implementation. **TOOLKIT (B1)**
- _____ 2. Each local board of health, as defined by N.J.A.C. 8:52, has taken overall responsibility for the practice of public health, the performance of its local health agency, and for meeting the services and capacities required by NJAC 8:52, Practice Standards of Performance.
- _____ 3. Each local board of health, in accordance with N.J.A.C. 8:52-5.3 (a), employs a mechanism that provides leadership for the development of partnerships with community organizations and agencies having an affect on or interest in population-based health.
- _____ 4. Within the last year, the local health officer has encouraged and all board of health members have voluntarily participated in education and training relevant to their roles and responsibilities as a policy board.

forms for each board of health in the local health agency's jurisdiction. Copies of all registration forms are kept on file in the administrative offices of the local health agency. **TOOLKIT (C1)**

C. Budget and Expenditures

1. The local health agency maintains an annual budget that is supported by funds from a variety of sources and makes expenditures from that budget to support the mission, goals and programmatic activities of the local health agency.

2. The financial officer for the local health agency has reviewed the needs and prepared the annual budget for the agency. Attached is a summary of the Budget by Source of Funding and Program Area for the local health agency. **TOOLKIT (C1)**

3. A copy of the agency's detailed budget, as approved by the local board of health or other governing body, is kept on file in the agency's administrative office.

D. Activities and Operations

1. Participation in a Governmental Public Health Partnership:

a. The health officer has actively participated (see footnote) with other health officers within a countywide or multi-countywide area to cooperatively establish a formal partnership, i.e., a governmental public health partnership, to advance the development of a coordinated local public health system in that area. **TOOLKIT (B1)** A summary of the activities and accomplishments to date, and timeframes for completion, is attached. (This summary may be submitted as a joint report of the partnership).

b. The health officer, or his/her designee, actively participates (see footnote) in meetings of the countywide or multi-countywide governmental public health partnership and with other health officers for the joint development of community health profiles, assessments, and improvement. Attached is a copy of the governmental public health partnership members directory, including name, title, organization, address, phone, fax, e-mail for each member.

c. The health officer, or designee, as a partnership member has independently completed an assessment of the governmental public health partnership, including its processes and effectiveness. A summary of the findings of this assessment is attached. (This summary may be submitted as a joint report of the partnership). **TOOLKIT (B2)**

d. By February 2005 and every four (4) year cycle thereafter, the local health agency, as a member of the governmental and community public health partnerships, has participated in the electronic completion of the National Public Health Performance Standards - Local Public Health System Performance Assessment Instrument. **TOOLKIT (G2)**

Actively participate means that the health officer or his/her designee(s) did not miss more than one meeting in a 12 month period for meetings held monthly, or attended at least 75 percent of all meetings for meetings held more frequently, and provided input and took necessary steps based on the outcome of those meetings.



REGISTRATION OF LOCAL BOARDS OF HEALTH IN NEW JERSEY

Pursuant to N.J.A.C. 8:52-1.5, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, each local board of health shall register annually with the New Jersey Department of Health and Senior Services. The purpose of this registration is to obtain current information on the board of health, its organization, structure, and authorities.

Instructions: Please complete the information below, sign on page 2 and return this form within 5 days to your local Health Officer for submission to the New Jersey Department of Health and Senior Services.

1. Name of Municipality (Boro, Twp., City): _____

Name of Mayor: _____

Name of Municipal Clerk: _____

Address: _____

Phone #: _____

FAX #: _____

E-mail: _____

2. Form of Government:

- ☐ Mayor and Council
☐ Council and Manager
☐ Other, describe: _____

3. Optional Municipal Charter Law:

N.J.S.A. 26:3-1, states that there shall be a board of health in every municipality in this State, except that any municipality operating under the Optional Municipal Charter Law (Faulkner Act) is not required to establish a separate and independent board of health. In these cases, a municipal governing body is authorized to act as the local board of health.

Was your municipality incorporated as a plan of government under the Optional Municipal Charter Law (Faulkner Act)? (If you are unsure, please check with your municipal clerk and/or mayor's office.)

☐ Yes ☐ No

**New Jersey Department of Health and Senior Services
Local Health Evaluation Report**

Budget by Source of Funding and Program Area

Local Health Department:	CY:
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(Please report actual figures.)

Fund Source	Local Tax Dollars	State Dollars	Public Health Priority Funding	Federal Dollars	All Other Sources
Activity	A	B	C	D	E
A. Administration					
B. Environmental Health					
C. Communicable Diseases					
D. Maternal and Child Health					
E. Adult Health					

Comments/Additional Information:

**New Jersey Department of Health and Senior Services
LOCAL HEALTH EVALUATION REPORT**

Best Practices Capacity and Performance

Local Health Department:	CY:
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I. CORE ACTIVITY

A. ADMINISTRATION

1. Health Promotion		
# of Sessions	# of Participants	
_____	_____	Alcohol Abuse
_____	_____	Smoking Prev.
_____	_____	Nutrition
_____	_____	Injury Control
_____	_____	Phys. Fitness and Exercise
_____	_____	Drug Abuse
_____	_____	AIDS

B. ENVIRONMENTAL HEALTH

1. Bathing Places - # of:	
_____	plan reviews
_____	total facilities
_____	facilities inspected
_____	facilities re-inspected
_____	enforcement actions
2. Campgrounds - # of:	
_____	total facilities
_____	facilities inspected
_____	facilities re-inspected
_____	enforcement actions
3. Youth Camps - # of:	
_____	youth camps (total)
_____	pre-operational inspections (on request by DOHSS)
_____	re-inspections
4. Food Surveillance - # of:	
_____	plan reviews
_____	establishments (total)
_____	establishments inspected
_____	requiring re-inspections
_____	complaints
_____	enforcement actions
5. Public Health Nuisances - # of:	
_____	complaints
_____	investigations
_____	enforcement actions

C. COMMUNICABLE DISEASES

1. Reportable Diseases - # of:	
_____	cases of reportable disease
_____	investigations
2. Immunizations - # of:	
_____	school age children
_____	immunized (unduplicated)
_____	immunizations
_____	schools (total)
_____	schools audited
_____	enforcement
_____	preschools (total)
_____	preschools audited
3. Rabies & Zoonosis Control - # of:	
_____	licenses issued
_____	pet shops, etc. inspected
_____	animal bite investigations
_____	unlicensed dogs found on annual canvas
_____	dogs vacc. in free clinics
_____	cats vacc. in free clinics
4. Tuberculosis Control - # of:	
_____	total verified cases
_____	contacts identified
_____	contacts examined
_____	contacts positive & placed on therapy
_____	verified cases completing therapy
5. Sexually Transmitted Disease - # of:	
_____	total clients receiving services
_____	contacts identified
_____	contacts examined
_____	contacts infected & treated
_____	contacts preventively treated
_____	positive laboratory test followed (priority cases)
_____	early syphilis/antibiotic-resistant gonorrhea cases interviewed

**New Jersey Department of Health and Senior Services
LOCAL HEALTH EVALUATION REPORT**

Program Management and Leadership

Local Health Department:	County:	CY:
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Program Area	Manager Name/Degree	License	Years Exp.	FT/PT	Contractual
Administration					
Finance/Budgets					
Legal					
Public Health Planning					
Information Technology					
Health Education					
Public Health Nursing					
Environmental					
Disease Control					
Maternal/Child Health					
Older Adult Health					
Emergency Services					

**New Jersey Department of Health and Senior Services
LOCAL HEALTH EVALUATION REPORT**

**Record of Employee Continuing Education and Training Contact Hours
For the Previous Calendar Year**

Local Health Department:	CY:
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Title	Name/Degree	License	# Contact Hours	
			LE	CE
Health Officer				
REHS				
Director of Nursing				
Supervisor of Nursing				
Public Health Nurse				
Director, Health Education				
Health Educator				
Field Representative, Health Education				
Please continue on next page for multiple employees in any of the listed functional titles.				

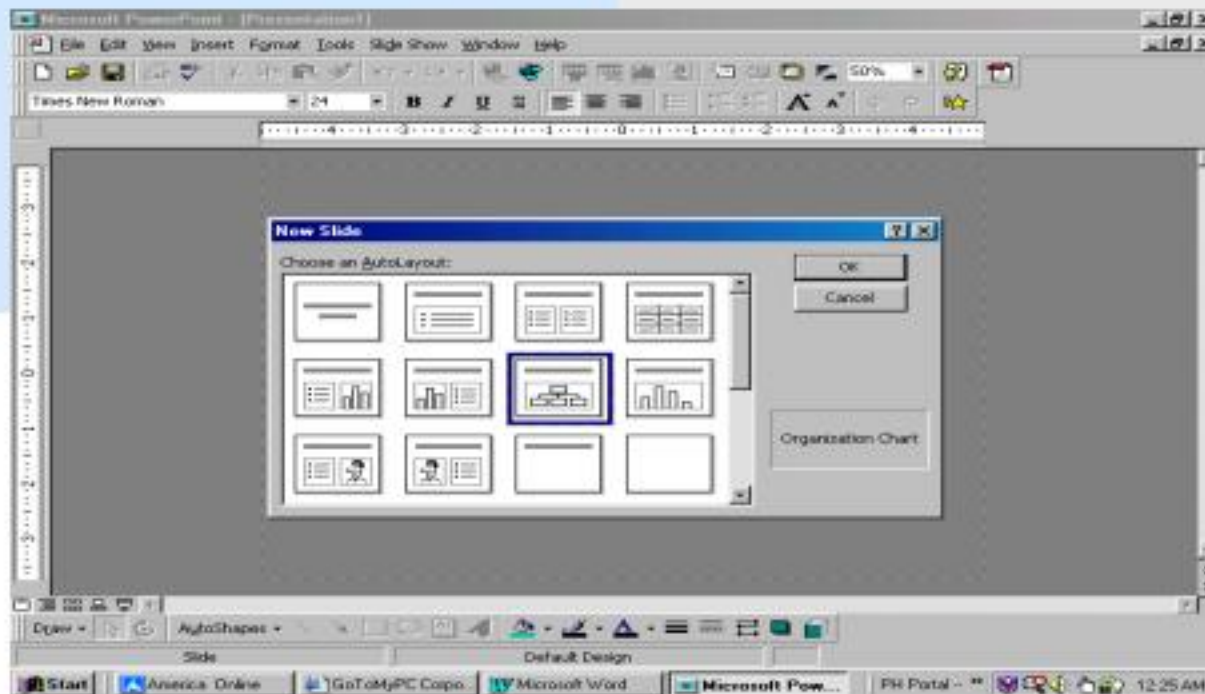
Local Health Agency

Table of Organization Chart Template

The following are screen prints from Microsoft PowerPoint.

To create an organizational chart using PowerPoint:

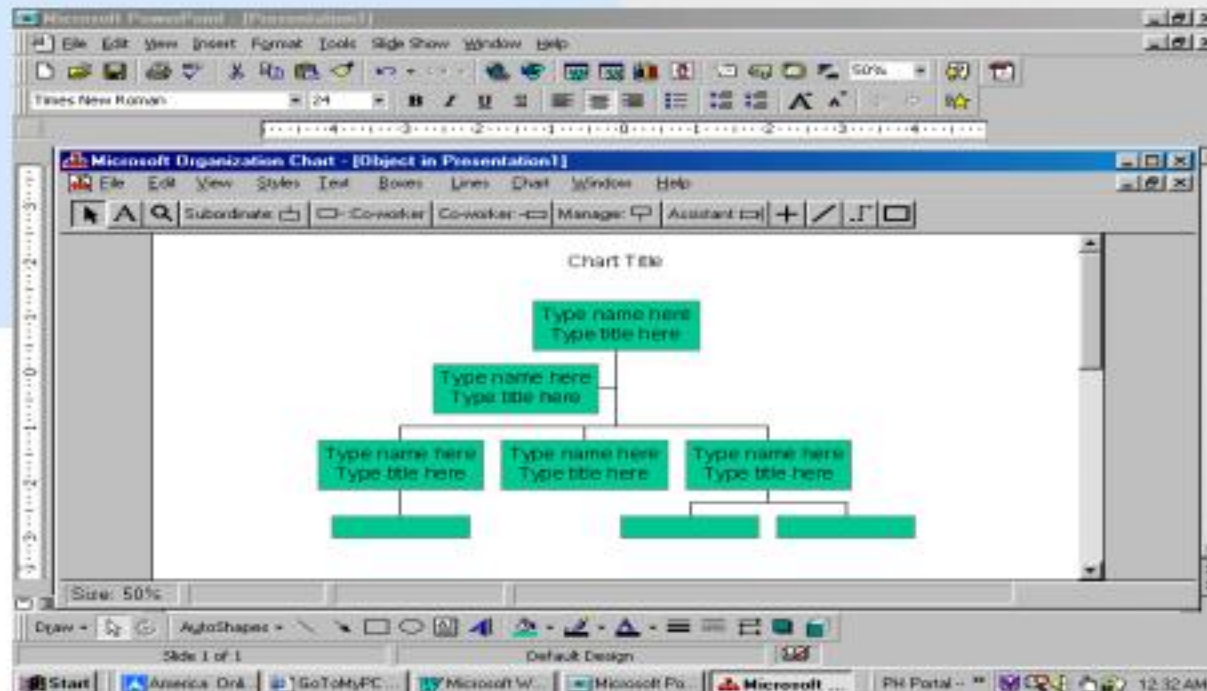
1. Open PowerPoint as you normally do.
2. Close the Choose a Template window, then click on "File" (top toolbar) and choose "New."
3. The screen below will appear. Click once on the slide layout for organizational charts.



4. The Microsoft Organizational Chart Window will open. Enter the information desired into the appropriate boxes in the chart and use the buttons on the toolbars to add additional boxes for position categories.

The other toolbars can be used to customize your organizational chart.

If you need additional assistance, please consult with your department's IT/MIS staff.



New Jersey Department of Health and Senior Services
LOCAL HEALTH EVALUATION REPORT

Community Organizations and Agencies Working in Partnership
With the Local Health Department

Local Health Department:	CV:
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Organization/Agency	Activity Area <small>(e.g., Maternal/Child Health)</small>
<input type="checkbox"/> Additional pages, attached	

Local Health Agency Position Job Descriptions and Performance Assessment Review

NJAC 8:52, Public Health Practice Standards of Performance requires that each local health agency develop written job descriptions for each position, including tasks, reporting relationships, and job performance standards.

To assist local health agencies in the implementation of this requirement, the following forms and templates are included:

- Position Classification and Description
- Performance Assessment Review (PAR) for Employees, Supervisors, and Managers

The purpose of the Position Classification - Description form is to provide a description of the general work duties required of each position, by percent of time and ranked by order of difficulty. In addition, this form captures information on scheduled work hours, the type of work (FT, PT, Seasonal, Temporary, etc), supervision received, supervision provided, and a description of the most important duties of the position and the knowledge/skills required of the position. Additional information on job descriptions for many Civil Service positions can be found on the NJ Department of Personnel (DOP) web site at: www.state.nj.us/personnel. DOP job descriptions should serve as guide in completing the Position - Classification form to ensure consistency.

The Performance Assessment Review (PAR) goes beyond the position description in that it serves as a detailed employee/supervisor performance agreement and assessment record for the individual staff person.

POSITION CLASSIFICATION - DESCRIPTION

FOR PERSONNEL USE

OPM
LOG NO.

Appointing Authority Control No.

IMPORTANT: Full instructions for completing this form are located on the last page. It is most important that employees and supervisors read them carefully. The form must be signed by the employee, his or her supervisor, and the Appointing Authority Representative.

1. NAME OF EMPLOYEE (IF ANY)	2. ANNUAL SALARY (Current)	3. POSITION NO.	4. CODE (Range and Title)
5. OFFICIAL TITLE OF POSITION		6. WORKING TITLE (If Different)	
7. LOCATION OF POSITION (Geographic location, Unit, Section, Division, Institution or Department)			

8. WORK DUTIES PERFORMED – Describe in detail the work required of this position. Make descriptions so clear that persons unfamiliar with the work can understand exactly what is done. NOTE: If this is a vacant position or a new position, the form must be completed by the supervisor of the position.

PERCENT OF TIME	WORK (DUTIES) PERFORMED	ORDER OF DIFFICULTY

SAMPLE

POSITION CLASSIFICATION - DESCRIPTION

FOR PERSONNEL USE

OPM
LOG NO.

Appointing Authority Control No.

IMPORTANT: Full instructions for completing this form are located on the last page. It is most important that employees and supervisors read them carefully. The form must be signed by the employee, his or her supervisor, and the Appointing Authority Representative.

1. NAME OF EMPLOYEE (IF ANY) Jane Doe	2. ANNUAL SALARY (Current) \$65,000	3. POSITION NO. 12345	4. CODE (Range and Title) P30/03166
5. OFFICIAL TITLE OF POSITION Research Scientist I		6. WORKING TITLE (If Different) Public Health Practices Project Manager	
7. LOCATION OF POSITION (Geographic location, Unit, Section, Division, Institution or Department) DHSS, Division of Local Health and Emergency Services, Office of Local Health(OLH) - Trenton, NJ			

8. WORK DUTIES PERFORMED – Describe in detail the work required of this position. Make descriptions so clear that persons unfamiliar with the work can understand exactly what is done. NOTE: If this is a vacant position or a new position request, the form must be completed by the supervisor of the position and certified by the Appointing Authority Representative.

PERCENT OF TIME	WORK (DUTIES) PERFORMED	ORDER OF DIFFICULTY
40	1. Oversees and manages a program and assigned staff within the Office of Local Health for the development, implementation and evaluation of Public Health Practice Standards to improve local health department services and performance and to ensure preparedness and response to public health emergencies, including bioterrorism. Designs, directs, and implements research studies of program effectiveness in addressing local health department needs, activities, and performance. Develops and implements new and innovative approaches to improving local health department performance; coordinates the development and implementation of Best Practices, including those for public health disasters and emergencies, in cooperation with other Department staff through the selection and coordination of appropriate staff, workgroups, surveys, and questionnaires to gather information, technical guidelines and practice protocols. Oversees and coordinates the implementation of Public Health Practice Standards and Best Practices by local health departments.	1
20	2. Analyzes and evaluates methodologies and prepares technical reports on strategies for the implementation of Practice Standards and Best Practices. Prepares scientifically sound papers, documents and other materials for publication in peer reviewed journals. Evaluates and prepares technical reports on the effectiveness of Practice Standards on the performance of local health departments. Uses findings to ensure continuous quality improvement in program activities, public health practice, and emergency/disaster preparedness.	2
20	3. Develops and implements innovative approaches to public health practice and performance monitoring/improvement. Researches models for evaluating local health department performance and adapts methodologies to meet New Jersey's specific needs. Oversees and directs activities, which may include contracts and agreements, for the development and implementation of a performance monitoring program. Identifies, selects and coordinates Department staff that serve as a performance monitoring field team.	3

**New Jersey Department of Health and Senior Services
PERFORMANCE ASSESSMENT REVIEW
(MANAGER)**

Name of Employee

Social Security Number

**New Jersey Department of Health and Senior Services
PERFORMANCE ASSESSMENT REVIEW
(SUPERVISOR)**

Name of Employee

Social Security Number

**New Jersey Department of Health and Senior Services
PERFORMANCE ASSESSMENT REVIEW
(EMPLOYEE)**

Name of Employee		Social Security Number
Title		Rating Period
Division	Payroll Number	Location
SECTION I - JOB EXPECTATIONS AND EVALUATION		
Major Goals of the Unit/Work Group		

Major Goals of the Ratee

I have reviewed this package and have had a face-to-face meeting with my supervisor to discuss the Major Goals (Unit and Ratee), Major Job Responsibilities, Essential Criteria, Performance Factors, Point Accumulation Methodology, and the Evaluation Conversion to the Overall Rating by which I will be rated. This meeting was held on _____ (Date). My signature indicates that I have been advised of these PAR elements.

Ratee Signature _____

Date _____

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New Jersey Department of Health and Senior Services
PERFORMANCE ASSESSMENT REVIEW - SUPERVISOR
(Continued)

Name of Employee	Rating Period
SECTION I - JOB EXPECTATIONS AND EVALUATION, Continued	
Major Job Responsibilities and Essential Criteria for Successful Accomplishment <i>(Space is provided for up to 12 Major Job Responsibilities; attach additional sheets as necessary.)</i>	

(1) Job Responsibility:

(1) Essential Criteria:

(2) Job Responsibility:

(2) Essential Criteria:

**New Jersey Department of Health and Senior Services
PERFORMANCE ASSESSMENT REVIEW - SUPERVISOR
(Continued)**

Name of Employee		Social Security Number
Title		Rating Period
Division	Payroll Number	Location

SECTION II - PERFORMANCE FACTORS

Job Achievement Factors

(These factors are directly related to the outputs of the job: Section I Major Goals, Job Responsibilities and Essential Criteria.)

Job Achievement Factors	1	2	3	Interim	Final
Quality of Work Overall extent to which employee thoroughly and accurately meets the quality criteria.	Failed to achieve most or all essential quality criteria.	Achieved or occasionally exceeded all essential quality criteria.	Significantly exceeded essential quality criteria.		
Quantity of Work Overall extent to which employee produces an acceptable amount of work as defined in the quantity criteria.	Failed to produce an acceptable amount of work as defined in the essential quantity criteria.	Produced acceptable or greater amount of work and met or occasionally exceeded essential quantity criteria.	Significantly exceeded essential quantity criteria.		
Timeliness Overall extent to which employee meets specified schedules and deadlines.	Rarely met work schedules or deadlines. Often was late in completing assignments within specified time frames.	Met and occasionally completed assignments ahead of specified deadlines.	Consistently completed assignments, projects and job responsibilities ahead of scheduled deadlines.		
Job Achievement Factors Subtotal					

**New Jersey Department of Health and Senior Services
PERFORMANCE ASSESSMENT REVIEW - SUPERVISOR
(Continued)**

Name of Employee		Social Security Number
Title		Rating Period
Division	Payroll Number	Location

SECTION III - COMPUTATION AND CONVERSION TO OVERALL RATING

Computation		
Performance Factors	Interim Evaluation	Final Evaluation
Job Achievement Factors Subtotal		
Job Related Factors Subtotal		
Grand Total Points		

Conversion to Overall Rating		
1 - Unsatisfactory (11-16 Points)	2 - Commendable (17-27 Points)	3 - Exceptional (28-33 Points)

	Interim Evaluation Rating	Final Evaluation Rating
Overall		

Public Health Emergency Preparedness and Response

NJAC 8:52, Public Health Practice Standards of Performance requires that each local health agency ensure its capability to respond to a public health emergency that includes:

- 24/7 emergency communications**
- A preparedness plan with other partners in the local public health system**
- Annual training and exercising of staff in roles and responsibilities**
- Cooperative working relationships with municipal and county Offices of Emergency Management for the coordination and integration of preparedness and response activities.**

All local health agencies and their key staff are to actively participant in the NJ-LINCS Health Alert Network (HAN). Through this system, 24/7 emergency communication capability is maintained with local health agencies and other public health care partners including first responders, pre-hospital and hospital providers, physicians and other health care providers and facilities, laboratories, local government officials and numerous others. The current HAN Network includes nearly 30,000 participants that routinely receive and respond to public health alerts, advisories and information. Maintenance of the HAN Emergency Notification Roster (at <http://njlincs.net>) containing up-to-date information on the local health agency's on-call staff is a critical component of this system.

Each local health agency is required to participate in the development of a countywide public health preparedness and response plan, in cooperation with other local public health system partners. The plan will delineate each agency's roles and responsibilities and ensure a coordinated response to public health disease outbreaks, threats and other emergencies. By building strong working relationships with its municipal and county Offices of Emergency Management, the local health agency will ensure that the public health plan is an integral component of overall emergency management planning and response activities. To assist, the NJDHSS has begun to deploy Public Health Planners to LINCS agencies that are being integrated into the work environment of that agency and the local public health system in each county. These Planners will facilitate the development of relationships, assist in formulating preparedness and response plans, and ensure their consistency and fullest integration, statewide. Each local health agency is also required to exercise and train staff in its roles and responsibilities during an emergency. The NJDHSS will assist in the development, coordination and delivery of these training programs and exercises.

NJ Homeland Security - Microsoft Internet Explorer

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the official state of new jersey web site

NEW JERSEY HOMELAND SECURITY

NJ Homeland Security top banner

How to Prepare

- Create an emergency communication plan with family/friends.
- Establish a meeting place with family/friends.
- Assemble emergency supplies.
- In case of emergency, and only then, dial 9-1-1.
- Take precautions when traveling.
- Choose an agency to volunteer with and receive initial training.
- Take Red Cross CPR/AED and first aid course.

Bulletin

- [Schools and Possible "Threat Level Red" Alert](#)
- [Governor Renews Call for Additional Federal Funding - 3/28/03](#)
- [Governor Stresses Homeland Security During School Visit - 3/27/03](#)
- [McGreevey Announces Added Security Measures for NJ Licensed Airports and Airfields - 3/21/03](#)

Stay informed -- listen to local radio or TV!
During high or severe Homeland Security Alerts, local radio and TV can notify you of immediate threats and may offer area specific emergency instructions.

How to Report Suspicious Activities
New Jersey has developed a unified statewide system that links every police department and the 21 county

Current Risk
Level - Elevated

SEVERE
SEVERE RISK OF TERRORIST ATTACKS

HIGH
HIGH RISK OF TERRORIST ATTACKS

ELEVATED
SIGNIFICANT RISK OF TERRORIST ATTACKS

GUARDED
GENERAL RISK OF TERRORIST ATTACKS

LOW
LOW RISK OF TERRORIST ATTACKS

Click on image for details of each level

News Releases [more...](#)

- [McGreevey Designates Schools as 'Critical Infrastructure' at Homeland Security Briefing for School Superintendents](#)
- [Renews call for additional](#)



HSAS Counter Measures

HSAS Counter Measures	HSAS Threat Levels	
	THREAT LEVEL 1-4	THREAT LEVEL 5-6
1. All previous measures incorporated in addition to the following.	X	
2. Following staff on call 24/7: sworn and civilian investigators, senior management, IT and administrative support	X	
3. Maintain real time contact with federal law enforcement and intelligence communities, as well as neighboring states.	X	
4. Convene conference calls with County Counter-Terrorism Coordinators and Infrastructure Advisory Committee sector chairs to contribute guidance on information relating to domestic security preparedness.	X	
5. Review and revise internal staff deployments and keep the Attorney General and Chief of Management and Operations informed as to threat scenarios and conditions (as possible) to assist State agency decision-making in allocating and deploying personnel.	X	
6. Issue InfoShare Alerts and IAC Advisories conveying threat information for distribution to statewide law enforcement, the private sector as well as State agencies and departments.	X	
7. Expand operational hours and institute a manned, 24-hour contact number.	X	
8. Perform integrity test of Communicator notification system involving select Cabinet officials, Governor's staff, IAC sector chairs and county prosecutors.	X	
9. All staff operating on standby prepared to work 72-hour tour. (Clothes, medications and other amenities should be pre-considered.)	X	
10. Staff must review details of OCT continuity of operations plan.	X	
11. OCT representative conditionally deployed to the OCT pending full staffing activation.	X	
12. Integrity test of alternate in-office communication system (BlackBerry pager, cellular phones).	X	
13. OCT Director will assign State Police staff to designated terrorism task force assignments.	X	
14. OCT representative deployed to Federal Joint Operations Center.	X	
1. All previous measures incorporated in addition to the following.	X	X
2. All essential staff called in on indefinite assignment, to include investigators, critical infrastructure personnel, intelligence analysts and senior management as well as identified support and IT staff.	X	X
3. Director and Chief of Staff relocated to state emergency operation center at State Police Headquarters in conjunction with Superintendent of State Police.	X	X
4. Constant liaison with federal authorities set out above in order to inform the Governor and Attorney General, in real time, of federal assets being deployed to the State and threat/imminent attack information that is pertinent to the State and the Nation.	X	X
5. Implement Communicator call out system to all pre-identified parties.	X	X
6. All non-essential staff evacuated or ordered to stay home.	X	X
7. No non-authorized personnel allowed to enter OCT building.	X	X
8. OCT Representative assigned to OEM Emergency Operations Center.	X	X

NEW JERSEY HOMELAND SECURITY ALERT SYSTEM

Department/Agency:

Division/Unit:

COUNTER MEASURES	RED Severe Risk	ORANGE High Risk	YELLOW Elevated Risk	BLUE General Risk	GREEN Low Risk
RED					
1.					
2.					

COUNTER MEASURES	RED Severe Risk	ORANGE High Risk	YELLOW Elevated Risk	BLUE General Risk	GREEN Low Risk
ORANGE					
1.					
2.					

COUNTER MEASURES	RED Severe Risk	ORANGE High Risk	YELLOW Elevated Risk	BLUE General Risk	GREEN Low Risk
YELLOW					
1.					

COUNTER MEASURES	RED Severe Risk	ORANGE High Risk	YELLOW Elevated Risk	BLUE General Risk	GREEN Low Risk
BLUE					
1.					
2.					

COUNTER MEASURES	RED Severe Risk	ORANGE High Risk	YELLOW Elevated Risk	BLUE General Risk	GREEN Low Risk
GREEN					
1.					

Development of a Governmental Public Health Partnership and Governmental Public Health System

This document provides the basic concepts and guidelines for the development of a local governmental public health system for a countywide or multi-countywide area. The governmental public health system will provide the capacity and expertise needed to implement the ten Essential Public Health Services (EPHS) outlined in N.J.A.C. 8:52, "Public Health Practice Standards of Performance for Local Boards of Health in New Jersey" and the National Public Health Performance Standards Assessment Instruments.

The formation of a countywide or multi-countywide Governmental Public Health Partnership (GPHP) consisting of the health officers of each local health department is a key component and factor in the success of developing a local governmental public health system for the county or multi-county area.

The NJ Public Health Task Force and its Executive Committee (EC) developed this partnership concept as part of the Practice Standards development process. As part of this process, the EC reviewed past New Jersey efforts in this regard. In addition, NJLINCS and CDC's concept for linking all LHAs to the national bioterrorism Health Alert Network (HAN) were reviewed. As a result, a consensus developed around the idea of a local governmental public health partnership that would support system development built on the coordination of existing LHA capacity and activities, supported by supplemental specialized capacity and expertise built throughout the state.

**GUIDELINES FOR THE DEVELOPMENT OF
LOCAL GOVERNMENTAL PUBLIC HEALTH PARTNERSHIPS
AND GOVERNMENTAL PUBLIC HEALTH SYSTEMS
(Companion Document to Public Health Practice Standards)**

A. BASIC DESIGN AND CONCEPTS

This section describes the basic design and concepts to be used in forming the local governmental public health system. An Appendix contains definitions of terms used, that are not in N.J.A.C. 8:52, and guidelines for the overall roles and responsibilities for the Public Health Council (PHC), Department of Health and Senior Services (DHSS), Governmental Public Health Partnerships (GPHP), Local Boards of Health (LBOH), LINCS Agency for each countywide or multi-countywide area, and Local Health Agencies (LHA).

Basic design

This system is based on building services for countywide or multi-countywide areas and is designed to assure that there is adequate expertise and capacity to deliver the EPHS uniformly throughout the state.

State and Local

The PHC, DHSS, GPHP, LBOHs, LINCS Agency for each countywide or multi-countywide area, and Local Health Agencies (LHA) will be integral to the functioning of this system. At the state level, the PHC will work with the DHSS to set statewide standards. These standards are "Public Health Practice Standards for Local Boards of Health" and they were adopted on February 18, 2003. Using the guidelines provided in the Appendix to these guidelines, a process will be developed where the roles and responsibilities of the PHC and the DHSS, needed to support the system at the local level, are developed. At the local level, the GPHP will function both administratively (planning and coordination) and operationally (assure the implementation of the local governmental public health system in its jurisdiction). Part of the work of the GPHP will be to use these guidelines and the Appendix to define its roles and responsibilities, as well as those of the LBOHs, LHAs and the LINCS Agency in their countywide or multi-countywide area. Appropriate roles for the LHAs will be to work with their LBOH to set local standards. The LBOH will provide local leadership, set policy, provide a mechanism of accountability for the LHA and provide funding for public health services. The LHA will be required to provide the services outlined in N.J.A.C. 8:52, monitor local needs, collect local data and fund public health services and to assure the provision of specialized services in N.J.A.C. 8:52. The LINCS Agency will provide specialized expertise and leadership for certain public health services, as designated by the DHSS, for the countywide or multi-countywide jurisdiction.

Partnership Self-Assessment Tool

Center for Advancement of Collaborative Strategies in Health (CACSH)

NJAC 8:52, Public Health Practice Standards of Performance requires that the local health agency participate in an annual, formal evaluation of the effectiveness of the countywide or multi-countywide Governmental Public Health Partnership and Community Public Health Partnership, of which it is a member.

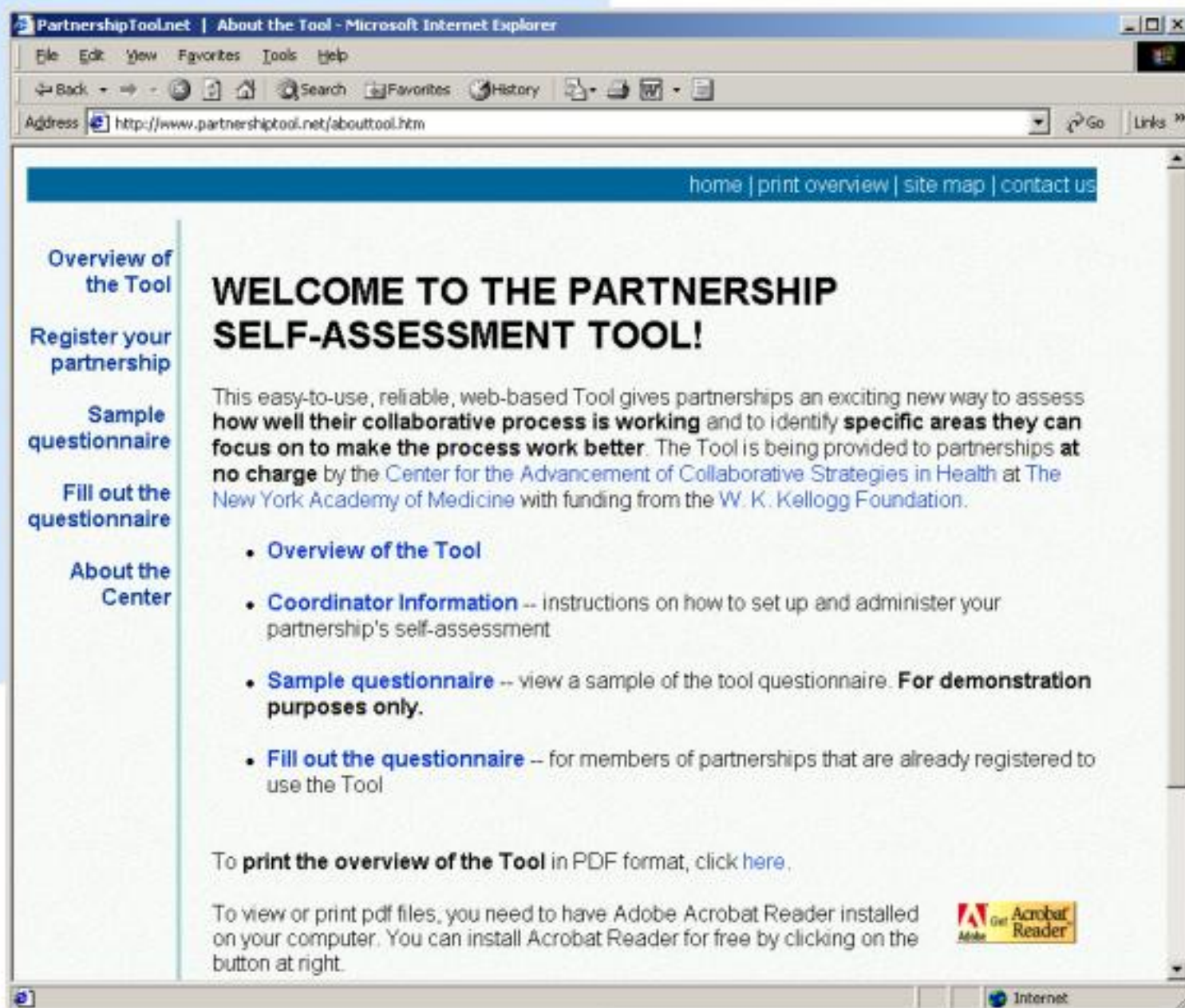
Partnership members are to participate in an evaluation to determine how well the collaborative process is working and to identify components of that process that can be improved to increase partnership value and outcomes. To aid in this evaluation, the NJDHSS is recommending the use of the Partnership Self-Assessment Tool developed by the Center for Advancement of Collaborative Strategies in Health (CACSH).

The Partnership Self-Assessment Tool is web-based and can be accessed on the CACSH web site at www.PartnershipTool.net. To use the Tool, a partnership coordinator must register by completing a short form at www.PartnershipTool.net/registration.htm.

Once the partnership is registered, information regarding the completion of the self-assessment tool by each member will be provided to the coordinator. About 10 minutes is required for each member to complete an online evaluation questionnaire. Data from each questionnaire is then collected and analyzed, and a report is generated for use by the partnership.

The Partnership Self-Assessment Tool is funded by the W.K. Kellogg Foundation and there is currently no charge to use the tool. Partnerships are encouraged to use this tool frequently to track changes over time, empower its members and understand their perspectives on the partnership, and to strengthen partnership leadership/management, as well as the overall collaborative process.

Additional information on the CACSH Partnership Self-Assessment Tool and a sample evaluation questionnaire are included in this section.



Partnership Registration - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History Print Copy Paste

Address https://www.sph.unc.edu/rci/verify_login.cfm?k=00%25%2CR1%5CN%2A%5BTJGQ%40%5B%3AL%3F%264WW1E%0A Go Links

Partnership Self-Assessment • CACSH • NYAM

Partnership Registration

Administrative Information

1. * Partnership Name
2. * Coordinator's First Name
3. * Coordinator's Last Name
4. * Coordinator's e-mail

* Re-type your e-mail

Sample Questionnaire for the Partnership Self-Assessment Tool - Microsoft Internet Explorer

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Address <http://www.partnershiptool.net/samplePAT.htm> Go Links

Partnership Self-Assessment • CACSH • NYAM
[Main Menu](#)

Sample Questionnaire for the Partnership Self-Assessment Tool

Identification

Partner: *Partner's Name*
Partnership: *Partnership's Name*

[Top](#) [Bottom](#)

Disclaimer

THIS QUESTIONNAIRE IS PROVIDED FOR DEMONSTRATION PURPOSES ONLY. It is not designed for paper and pencil use. The Tool will generate an assessment report with findings only for those partnerships that complete the questionnaire via the Internet. If you have any questions, please e-mail us at PartnershipTool@nyam.org. Thank you for your interest in the Partnership Self-Assessment Tool.

[Top](#) [Bottom](#)

Instructions

This questionnaire asks questions about different aspects of your partnership. It will take about 15 minutes to complete. The questionnaire allows you to express your opinions and provide information about your experiences anonymously - your name is not attached in

Sample Questionnaire for the Partnership Self-Assessment Tool - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Synergy

Please think about the people and organizations that are participants in your partnership.

a. *** By working together, how well are the partners able to identify new and creative ways to solve problems?**

- ☐ Extremely well
- ☐ Very well
- ☐ Somewhat well
- ☐ Not so well
- ☐ Not well at all

b. *** By working together, how well are these partners able to include the views and priorities of the people affected by the partnership's work?**

- ☐ Extremely well
- ☐ Very well
- ☐ Somewhat well
- ☐ Not so well
- ☐ Not well at all

c. *** By working together, how well are these partners able to develop goals that are widely understood and supported among partners?**

- ☐ Extremely well
- ☐ Very well
- ☐ Somewhat well

Done Internet

Congratulations!

Because a high proportion of participants in your partnership completed the tool questionnaire within a one month time frame, we have been able to prepare a meaningful assessment of your partnership. The willingness of your partnership's coordinator and partners to take on this extra work is commendable—it indicates a real interest in, and commitment to, making the most of your collaborative efforts.

This action-oriented report has four sections.

It begins by discussing the **respondents and the response rate for your partnership**. These are important factors to consider in interpreting the information in this report.

The report then presents and interprets **your partnership's synergy score**. This score is a key indicator of how well your partnership's collaborative process is working. It tells you how well the process is combining your partners' knowledge, skills, and resources so they can accomplish more together than they can on their own.

The report continues by presenting your partnership's **strengths and weaknesses in areas that are known to be related to synergy**: (1) the effectiveness of your partnership's leadership; (2) the efficiency of your partnership; (3) the effectiveness of your partnership's administration and management; and (4) the sufficiency of your partnership's resources. This information can help your partnership identify what it is doing well and what it needs to focus on to improve the success of its collaborative process.

Next, the report presents your **partners' views about their own participation in the partnership**. It describes their views about the decision-making process in the partnership, the benefits and drawbacks they are experiencing as a result of participating in the partnership, and their overall satisfaction with the partnership. Acting on this information can help your partnership be more successful in recruiting and retaining a broad array of partners.

The report concludes by discussing **how your partnership can use the information** in this assessment report to take corrective action.

Assessment Protocol for Excellence in Public Health

APEXPH

NJAC 8:52, Public Health Practice Standards of Performance requires that each local health agency undertake and complete Assessment Protocol for Excellence in Public Health (APEXPH) Part 1, Organizational Capacity Assessment, by February 15, 2004 and every three (3) years thereafter.

APEXPH is a tool developed by the National Association of County and City Health Officials (NACCHO) in collaboration with the Centers for Disease Control and Prevention (CDC). APEXPH, Part 1 is a self-assessment of the local health agency's ability to meet the community's needs and fulfill a leadership role in community public health services. Part 1 requires the participation of key members of the local health agency's organization that are brought together as a team to review current capacity, identify strengths and weaknesses, and develop a plan for capacity improvement. It is intended to stimulate the organization's commitment to adopting a continuous quality improvement process that will assure progress toward excellence in public health practice.

As part of this Toolkit, local health agencies have been provided a copy of the APEXPH'98 manual and CD-ROM. Use of the CD-ROM, while optional, is strongly encouraged since it includes electronic fill-in/printable forms and basic analyses of findings.

As part of the Local Health Evaluation Report (LHER), local health agencies are to submit a copy of the following completed APEXPH worksheets:

- Analysis of Organizational Problems
- Analysis of Organizational Strengths
- Organizational Action Plan



Assessment Protocol for Excellence in Public Health

A collaborative project of
The American Public Health Association
The Association of Schools of Public Health
The Association of State and Territorial Health Officials
The Centers for Disease Control and Prevention
The National Association of County Health Officials*
The United States Conference of Local Health Officers

Funded through a Cooperative Agreement between the Centers for Disease Control
and Prevention and the National Association of County & City Health Officials

Printed March 1991; Reprint August 1991, March 1994, August 1996

*In 1994, NACHO and USCHLO merged to form the National Association of
County and City Health Officials (NACCHO).

Example- Analysis of Organizational Strengths Worksheet

ANALYSIS OF ORGANIZATIONAL STRENGTHS Worksheet

APEXPH Indicator Reference Number(s)	Definition of Strength Briefly state any strengths suggested by the scoring of the indicators.	Related Factors Briefly describe the sources of each strength.	Action Priority I = Top II = Middle III = Lowest
III. A. 3	Department has a physician health officer who maintains a good relationship with the private medical community.	Health officer is a practicing physician in the community.	
III. B. 1 & 3	Major cooperation via College of Nursing, Medicine, and Allied Health for student placement and faculty support. Department has strong relations with community institutions.	Health officer actively pursues relations with educational institutions and promotes mutual benefits of cooperative activities.	

Example- Analysis of Organizational Problems Worksheet

ANALYSIS OF ORGANIZATIONAL PROBLEMS Worksheet

APEXPH Indicator Reference Number(s)	Definition of Problem	Related Factors	Action Priority
	Briefly state any problems suggested by the scoring of the indicators.	Briefly describe the sources of each problem; list resources and barriers to the solution of each problem.	I = Top II = Middle III = Lowest
III.	A. 1 Department is isolated from state level as well as community level information and or relationships.	Employee attitudes and perceptions about community is a barrier for cooperation. Lack of dedicated staff time to public relations and community relations.	I
		Communication problems: poor dissemination of information. Fragmentation of services and responsibilities. Lack of coordination.	I

Example- Organizational Action Plan Worksheet

ORGANIZATIONAL ACTION PLAN WORKSHEET

Develop an action plan for each of the top priority problem areas identified on the *Analysis of Organizational Strengths and Weaknesses Worksheet*. Initially, address the top priority problems **only**. Below the table, enter the date for evaluating the effectiveness of the actions taken.

Problem Area: <u>Public Policy Implementation</u>	APEXPH Indicator Reference No(s): <u>V. A. 1 & 2</u>
Goals and Objectives	Responsibilities and Methods
Define the goals and objectives for the problem area indicated above.	For each goal or objective indicate (1) what individual or "work team" is responsible, (2) what methods will be used, and (3) when it will be accomplished
G: The policy board exercises authority and influence to facilitate the delivery of programs/services per mission of the department.	Policy board with the assistance of the department director to explore and formulate a strategy for implementing its plan.
O: 1. Clarify perception of "constituency," "responsibility" and "authority and power" with regard to its role as a municipal corporation, and within the context of its enabling legislation by next meeting. (1/15/90) 2. Policy board to update and adopt a mission and purpose; to clarify the parameters of its responsibility and authority to develop a plan to facilitate the delivery of services by the department by 2/15/90.	Policy board to more clearly delegate authority to department director in the implementation of the board's plan, community health plan, and department strategic plan. The department director is to take the responsibility for this to be accomplished by 6/90.

Evaluation date: _____

**National Public Health Performance Standards
Local Public Health Governance
and
Local Public Health System
Performance Assessment Instruments**

In addition to using APEXPH Part 1, Organization Capacity Assessment, two additional assessments will be used to benchmark and gauge improvements in public health performance.

Since NJAC 8:52, Public Health Practice Standards of Performance is heavily based on the National Public Health Performance Standards, all local health agencies are required to incorporate the Local Public Health Governance Performance Assessment Instrument and the Local Public Health System Performance Assessment Instrument into their evaluation and continuous quality improvement processes. These important assessment instruments have been developed by the Centers for Disease Control and Prevention (CDC) and its partner organizations for the purpose of assessing and improving public health practice and performance, nationally.

The Local Public Health Governance Performance Assessment Instrument focuses on the board of health or other governing body that is accountable for setting public health policy at the local level. This instrument has been designed to assess and identify capacity and performance weaknesses and strengths, and will be used by local boards of health to develop plans for improvement. The Local Public Health Governance Performance Assessment Instrument is to be completed online by February 18, 2004 and every three (3) years thereafter. While the local health officer or other key agency staff may facilitate and support the boards' completion of the instrument, they are not to complete (respond to) the instrument questions themselves.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Public Health Performance Standards Program

N
P
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P

Users' Guide

Using performance standards to
improve public health practice.



February
2003



NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

Centers for Disease Control and Prevention, National Public Health Performance Standards Program (NPHPP)
Seeks to help public health agencies improve their performance. The program is a voluntary, non-competitive process that allows public health agencies to benchmark their performance against national standards and to receive recognition for their achievements. The program is a part of the Department of Health and Human Services' commitment to improve public health practice.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

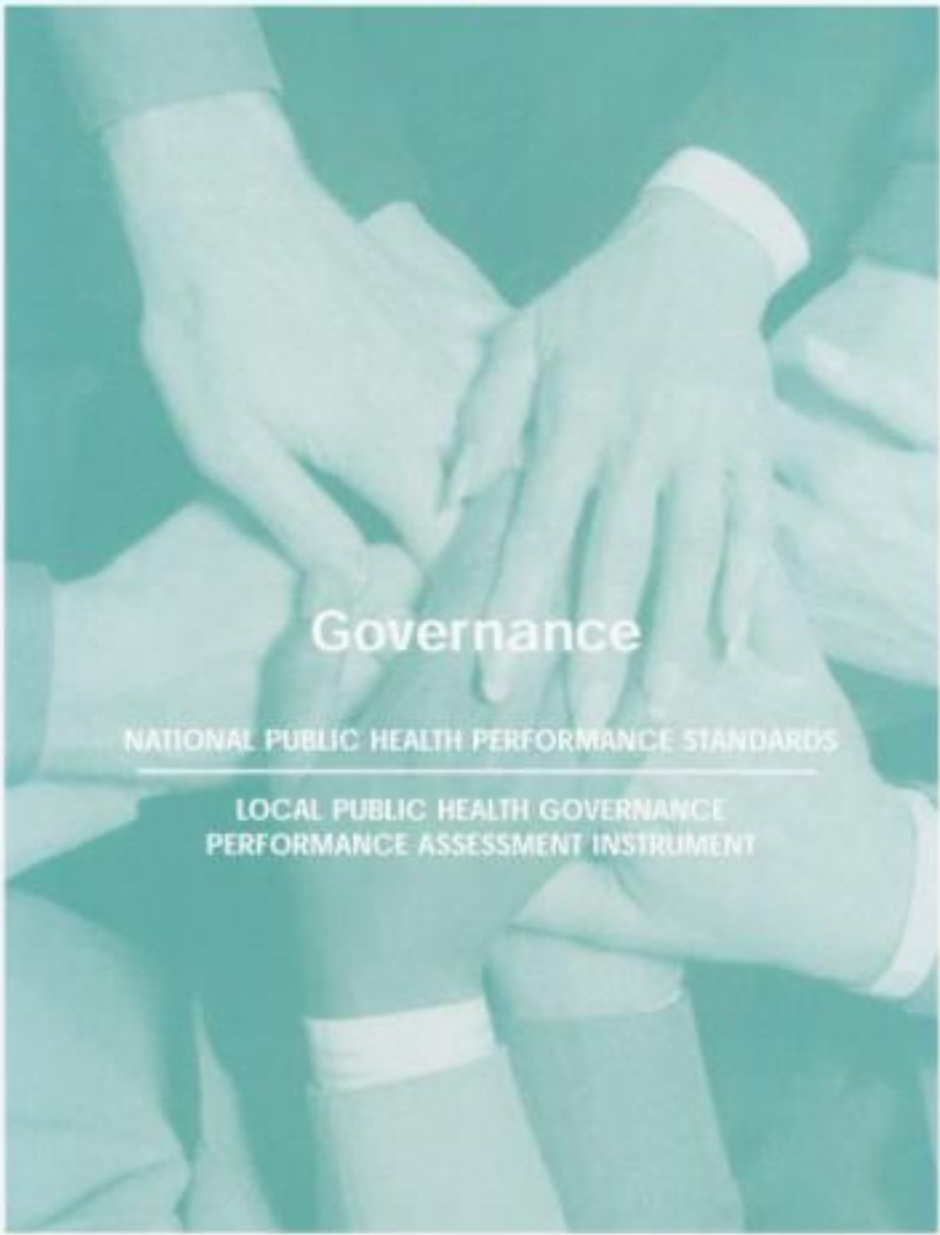
Frequently Asked Questions **FAQ**



National Public Health
Performance Standards Program



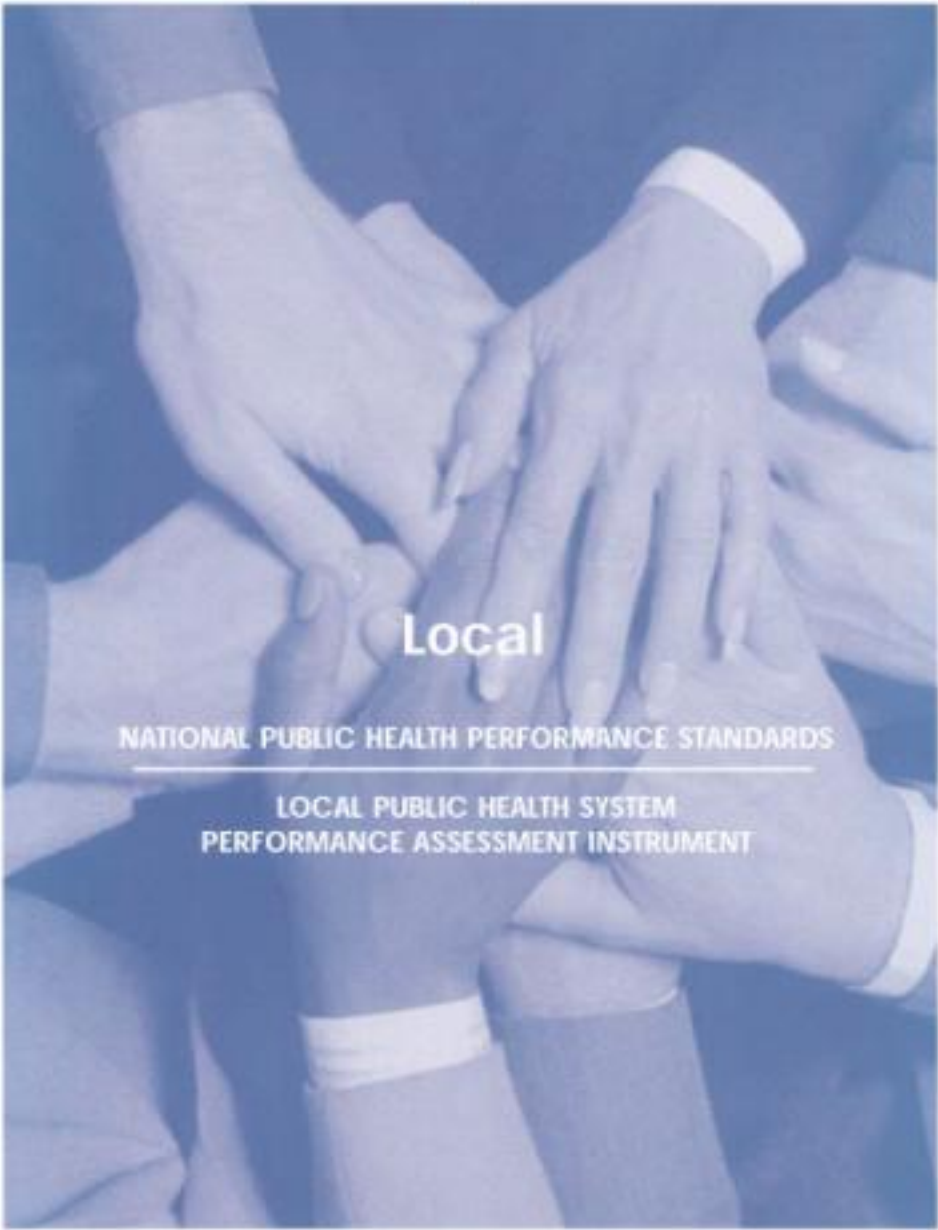
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Governance

NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS

LOCAL PUBLIC HEALTH GOVERNANCE
PERFORMANCE ASSESSMENT INSTRUMENT



Local

NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS

LOCAL PUBLIC HEALTH SYSTEM
PERFORMANCE ASSESSMENT INSTRUMENT

Mobilizing for Action through Planning and Partnerships

MAPP

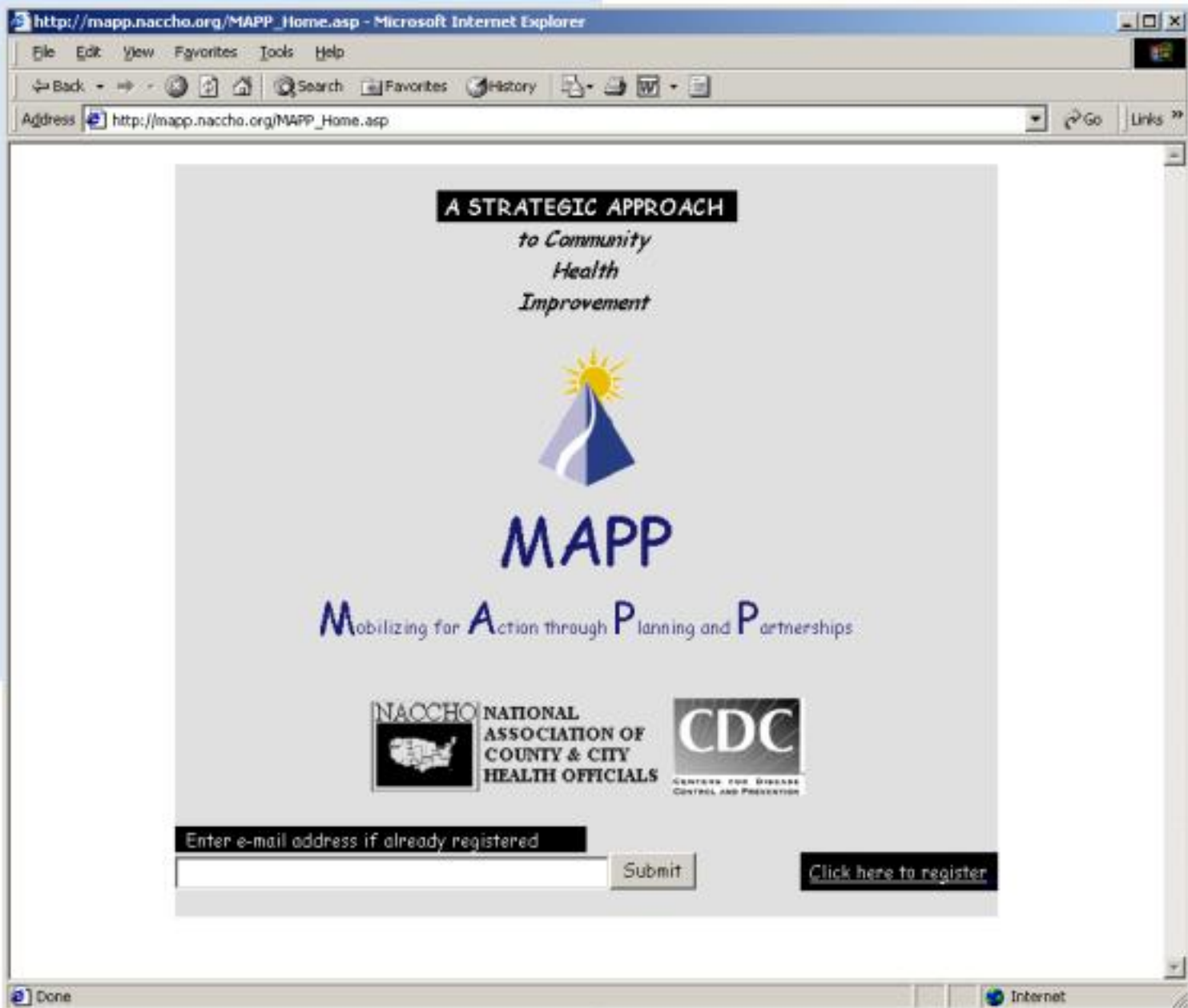
NJAC 8:52, Public Health Practice Standards of Performance requires that each local health agency participate in a formal process for assessing community health and developing a countywide or multi-countywide Community Health Improvement Plan (CHIP).

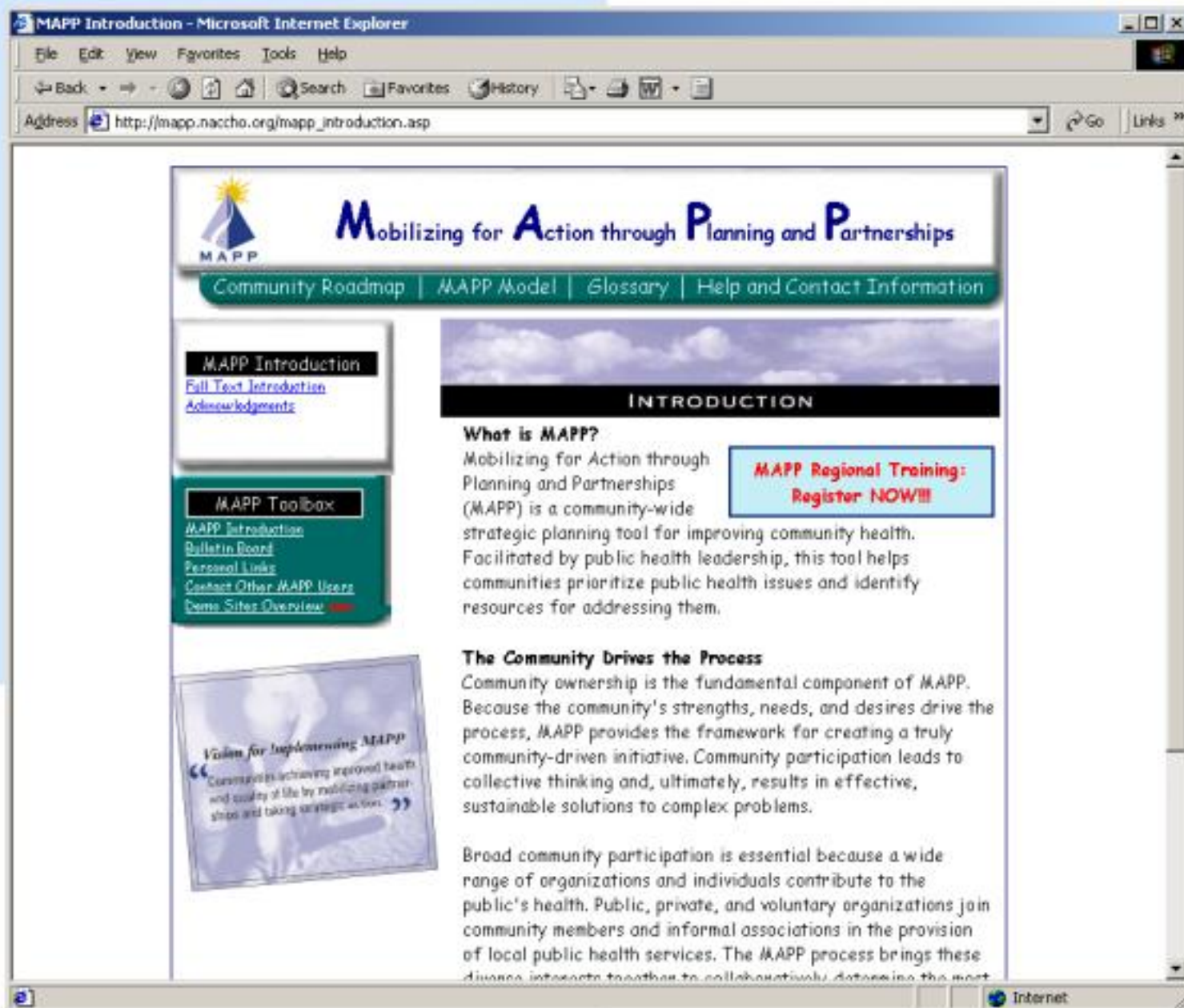
To conduct a meaningful community health assessment and to develop a CHIP, it is essential that broad community participation be part of the process. To ensure this and the consistent application of assessment and planning principles, statewide, the New Jersey Department of Health and Senior Services has identified Mobilizing Action through Planning and Partnerships (MAPP) as the standardized tool that shall be used for this purpose.

The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO), in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). Nine local health departments have been serving as demonstration sites that are providing valuable lessons learned in support of other MAPP users.

While MAPP will not be implemented in New Jersey until 2004, information on MAPP is included in this section so that local health agencies and the Governmental Public Health Partnership can begin to become familiar with its various steps. Additional information on each phase of the MAPP process can be accessed at NACCHO's web site (<http://mapp.naccho.org>). To review detailed summary information and obtain in-depth guidance for using MAPP, you will need to complete a brief registration form on NACCHO's MAPP web site.

As we draw closer to 2004, the New Jersey Department of Health and Senior Services will work closely with NACCHO and CDC to ensure appropriate training for local health departments in the use of MAPP.





MAPP Phases

(Beginning 2004)

- **Organize for Success and Partnership Development**
- **Visioning**
- **Four MAPP Assessments**
 - ▶ **Community Themes & Strengths**
 - ▶ **Local Public Health System**
 - ▶ **Community Health Status**
 - ▶ **Forces of Change**
- **Identify Strategic Issues**
- **Formulate Goals & Strategies**
- **The Action Cycle**



LHER
Presentation

Summary

The following are to be submitted with your Local Health Evaluation Report:

A. Local Health Agency Implementation Records

- LHER Implementation Questionnaire
- Board of Health Registration Forms
- National Public Health Performance Standards: Local Public Health Governance Performance Assessment Instrument (Web-enabled version)
- Budget by Source of Funding and Program Area Form
- APEXPH, Part 1; Organizational Capacity Assessment Worksheets for
 - Analysis of Organizational Strengths
 - Analysis of Organizational Problems
 - Organizational Improvement Plan
- Best Practices Capacity and Performance Form
- Program Management / Leadership Staff Chart
- Table of Organization for the Local Health Agency
- Record of Employee Continuing Education and Training Contact Hours
- Community Organizations and Agencies Working in Partnership with the Local Health Department Form
- Annual Public Health Meeting Announcement and Agenda

Summary

B. Governmental Public Health Partnership Records (the following are required but may be submitted as joint reports of the GPHP):

- **Governmental Public Health Partnership (GPHP) Membership List**
- **GPHP Activities, Accomplishments, Timeframes**
- **GPHP Partnership Process Evaluation**

C. Community Public Health Partnership Records: (the following are required but may be submitted as joint reports of the partnership, beginning February 2005)

- **MAPP Community Public Health Partnership Members List**
- **Summary Report: MAPP Activities, Accomplishments, and Timeframes**
- **Summary Report: MAPP Partnership Process Evaluation**
- **County Health Status Indicators Report**
- **National Public Health Performance Standards: Local Public Health System Performance Assessment Instrument (Web-enabled version)**
- **Countywide or Multi-Countywide Community Health Improvement Plan (CHIP)**